

## Foster Family Home - Corrective Action Report

Provider ID: 1-561747

Home Name: Grace Sacramento, CNA

Review ID: 1-561747-6

94-526 Pilimai Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 10/22/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 10/22/19.  
Corrective Action Report issued during home inspection with all items due to CTA by 11/22/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

### Background Checks


[11-800-8]

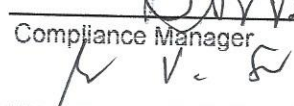
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - APS/CAN/eCrim for HHM #1 and #3 expired on 9/19/18. Obtained on 3/12/19.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Grace V. Sacramento CCFFH

CCFFH Address: 94-526 Pilimai St., Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1) (2)	I showed CTA a current APS/CAN and e-Crim for household member #1 and #3 which were in my CCFFH binder.	10/22/19	I placed the expiration dates for APS/CAN and e-Crim for all caregivers and household members on my i phone calendar. I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: Grace V. Sacramento

Print Name: Grace V. Sacramento

Date of Signature: 10/23/19